DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2006 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDED/SUPPLIED/CLIA	(Y2) N	III TIE	PI E CONSTRUCTION	T	0930-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER 095038		IDENTIFICATION NUMBER:	A. BU		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 08/23/2006			
		095038	B. Wil	۱G					
NAME OF PROVIDER OR SUPPLIER METHODIST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4901 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRE		(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CROSS- ENCED TO THE APPROPRIATE DEFICIENCY)			
K 000	The annual Life Sa conducted on Augu	TS fety Code inspection was ust 23, 2006. The following ed on observations.	К	000		:			
K 017 SS=D	Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above		K	017	 Identified penetrations required to be sealed according to the NFPA 101 Life Safety code 2000 Edition, section 19.3.6.2.1 patched by maintenance personnel. Complete thorough investigation of all corridor walls above ceilings, on first floor, second floor and lower level of Health Center to ensure resistance to the passage of 		09/22/06		
	the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if				smoke. 3. Maintenance department made a importance of maintaining compli Life Safety Code. Educational seconducted. 4. All maintenance related work performance contractors will be directly and inspected by the Maintenance	ware of ance with ssion to be formed by	09/22/06		
		r sprinklered.) 19.3.6.1, 19.3.		The second section of the sect	Above ceiling work completed by Maintenance Assistant will be insp completed by Maintenance Directors	pected as	09/01/06		
	This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that wall surfaces would not prevent the passage of smoke in the event of a fire. The findings include:			Andrew State Andrew State Stat			:		
				3					
	prevent the passage fire in the following								
ABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ADMINISTRATOR

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING B. WING		PLE CONSTRUCTION O1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 08/23/2006	
		095038					
	ROVIDER OR SUPPLIER			49	EET ADDRESS, CITY, STATE, ZIP COD 001 CONNECTICUT AVENUE, NW /ASHINGTON, DC 20008		0/2000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 017	2 inches above tile one (1) of two (2) of August 23, 2006. Laundry Room- as 2 inches around duthe rear of dryers in observations at 11 First Floor- a small above the double or oom at 5:15 PM of one (1) observation First Floor- dining approximately 18 or recessed ceiling late observation at 5:30 Second Floor a 3 or in the dining room observation at 5:40 A 1 inch opening as	all penetration approximately 1- is near the north exit door in observations at 5:00 PM on small opening approximately 1- uctwork and pipes adjacent to in four (4) of four (4) :30 AM on August 23, 2006. I opening approximately 1 inch doors near the soiled linen in August 23, 2006 in one (1) of	K	017			
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